

1. Incident Name			2. Operational Period (Date/Time) From: To:												OPERATIONAL PLANNING WORKSHEET			
3. Division/ Group or Location	4. Work Assignments	5. Resource/Equipment												9. "X" here if 204a Needed				
		Resource ↓													6. Notes/Remarks	7. Reporting Location	8. Requested Arrival Time	
		Req.																<input type="checkbox"/>
		Have																
		Need																
		Req.																<input type="checkbox"/>
		Have																
		Need																
		Req.																<input type="checkbox"/>
		Have																
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		Req.																<input type="checkbox"/>
		Have																
		Need																
		Req.																<input type="checkbox"/>
		Have																
		Need																
10. Total Resources Required															13. Prepared by: Date Time			
11. Total Resources On Hand																		
12. Total Resources Needed																		